



PATENT  
450100-02228

10/A  
3-6-02  
NP  
clm

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

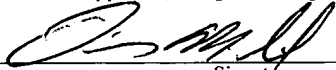
Applicant(s) : Shinichiro GOMI et al.  
Serial No. : 09/464,161  
For : IMAGE PROCESSING APPARATUS, IMAGE  
PROCESSING METHOD, PROVIDING MEDIUM  
AND PRESENTATION SYSTEM  
Filed : December 16, 1999  
Examiner : K. Nguyen  
Art Unit : 2674

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with  
the United States Postal Service as first class mail in an envelope  
addressed to: Assistant Commissioner for Patents, Washington,  
DC 20231, on February 6, 2002.

Dennis M. Smid, Reg. No. 34,930

\_\_\_\_\_  
Name of Applicant, Assignee or Registered Representative



\_\_\_\_\_  
Signature

February 6, 2002

\_\_\_\_\_  
Date of Signature

**AMENDMENT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In response to the Office Action dated November 6, 2001, please amend the above-  
identified application as follows:

PATENT  
450100-02228

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shinichiro GOMI et al.  
Serial No. : 09/464,161  
For : IMAGE PROCESSING APPARATUS, IMAGE PROCESSING METHOD,  
PROVIDING MEDIUM AND PRESENTATION SYSTEM  
Filed : December 16, 1999  
Examiner : K. Nguyen  
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ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

## Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	6	Minus	= 20	0 ×	\$18(9)	= \$00.00
Independent claims	4	Minus	= 7	0 ×	\$78(39)	= \$ .00
				Total additional fee for this amendment		\$ .00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid \_\_, or is paid herewith \_\_.
- ☐ This response is being filed within the \_\_ first month, \_\_ second month, \_\_ third month, \_\_ fourth month following the expiration of the term originally set therefor, and the fee of \_\_ \$110 (\$55), \_\_ \$400 (\$200), \_\_ \$920 (\$460), \_\_ \$1,440 (\$720) for the requisite extension \_\_ paid herewith.
- ☐ A check in the amount of \$ .00 is attached.
- ☐ Charge \$\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Assistant Commissioner for Patents  
Washington, D.C. 20231, on February 6, 2002

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

  
Signature

February 6, 2002

Date of Signature

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)  
By: Dennis M. Smid  
Reg. No. 34,930  
Tel. (212) 588-0800

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